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SERIAL NUMBER 10/647,073	FILING or 371(c) DATE 08/22/2003 RULE	CLASS 375	GROUP ART UNIT 2193	ATTORNEY DOCKET NO. FUJZ 20.589 (100794-00475)
APPLICANTS Yuji Ishii, Yokohama, JAPAN; Kenji Rikimaru, Yokohama, JAPAN; Kazuyuki Mori, Kawasaki, JAPAN; Yuji Tochio, Kawasaki, JAPAN				
** CONTINUING DATA ***** <div style="display: inline-block; border: 1px solid black; padding: 2px;">CD</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">None</div>				
** FOREIGN APPLICATIONS ***** <div style="display: inline-block; border: 1px solid black; padding: 2px;">CD</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">Yes</div>				
JAPAN 2002-241865 08/22/2002 ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/21/2003				
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/CHAT C.D.O./</u> Examiner's Signature	<input checked="" type="checkbox"/> Met after Allowance CD Initials	STATE OR COUNTRY JAPAN	SHEETS DRAWINGS 11	TOTAL CLAIMS <div style="border: 1px solid black; padding: 2px;">4</div>
		INDEPENDENT CLAIMS <div style="border: 1px solid black; padding: 2px;">1</div>		
ADDRESS KATTEN MUCHIN ROSENMAN LLP 575 MADISON AVENUE NEW YORK, NY 10022-2585 UNITED STATES				
TITLE Digital filter device				
FILING FEE RECEIVED 900	FEES: Statement has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> All Fees </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.16 Fees (Filing) </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.18 Fees (Issue) </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Other _____ </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Credit </div>	